

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	PREPARATION OF INJECTABLE SUSPENSIONS HAVING IMPROVED INJECTABILITY
Attorney Docket Number::	000166.0073-US02
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	J. Michael
Family Name::	Ramstack
City of Residence::	Lunenburg
Country of Residence::	MA
Street of mailing address::	44 Cortland Circle
City of mailing address::	Lunenburg
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	01462

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity
Given Name:: M. Gary
Middle Name:: I.
Family Name:: Riley
Name Suffix:: Riley
City of Residence:: Cambridge
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 332 Franklin Street, Apartment 403
City of mailing address:: Cambridge
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02139

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Stephen
Middle Name:: E.
Family Name:: Zale
City of Residence:: Hopkinton
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: One Norcross Road
City of mailing address:: Hopkinton
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01748

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity

Given Name:: Joyce
Middle Name:: M.
Family Name:: Hotz
City of Residence:: Cincinnati
State or Province of Residence:: OH
Country of Residence:: US
Street of mailing address:: 8219 Pinecove Court
City of mailing address:: Cincinnati
State or Province of mailing address:: OH
Postal or Zip Code of mailing address:: 45249

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Olufunmi
Middle Name:: L.
Family Name:: Johnson
City of Residence:: Cambridge
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 1560 Cambridge Street, Apartment 2
City of mailing address:: Cambridge
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02139

Correspondence Information

Correspondence Customer Number:: 26853

Representative Information

Representative Customer Number:: 26853

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	10/259,949	09/30/02
10/259,949	Continuation of	09/577,875	05/25/00

Assignee Information

Assignee name:: Alkermes Controlled Therapeutics, Inc.
Street of mailing address:: 88 Sidney Street
City of mailing address:: Cambridge
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02139-4136